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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |  |   |  |                                |                     |                  |                   |                     |                        |                |                     |                        |
|--|--|---|--|--------------------------------|---------------------|------------------|-------------------|---------------------|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |  |                                |                     |                  | SMALL ENTITY TYPE |                     |                        | OTHER<br>SMALL |                     |                        |
| TOTAL CLAIMS   |  |   | •  |                                |                     |                  | [                 | RATE                | FEE                    | OR<br><b>]</b> | RATE                | FEE                    |
| FOR  |  |   | NUMBER F   | FILED                          | NUMBER EXTRA        |                  |                   | BASIC FEE           | 370.00                 | OR             | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=  |                                | *                   |                  |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | minus 3 =  |                                | *                   |                  |                   | X42=                |                        | OR             | X84=                |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT   |                                |                     |                  |                   | +140=               | 1                      | OR             | +280=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                |                     |                  |                   | TOTAL               |                        | OR             | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |  |                                |                     |                  |                   | SMALL               | ENTITY                 | OR             | OTHER<br>SMALL      |                        |
| NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO         | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | . 15                                      | Minus  | ** 2                           | 5                   | =                |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AME  | Independent  | * /                                       | Minus  | **3                            | CL ALLA             | =                |                   | X42=                |                        | OR             | X84=                |                        |
|  | FIRST PRESE  | NTATION OF MI                             | JUITPLE DEF  | PENDENT                        | CLANVI              |                  |                   | +140=               |                        | OR             | +280=               |                        |
|  |  |   |  |                                |                     |                  | L                 | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
|  |  | (Column 1)                                |  | (Colur                         | nn 2)               | (Column 3)       |                   | 10011.11 22         |                        |                |                     |                        |
| DMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | e de la companya de l | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDM  | Total  | *   | Minus  | **                             |                     | =                |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |
| AMENC  | Independent  | *   | Minus  | ***                            |                     | -                |                   | X42=                |                        | OR             | X84=                |                        |
| L`   | FIRST PRESE  | NTATION OF MI                             | JUIPLE DEF   | ENDENI                         | CLAIM               |                  | <b>,</b>          | +140=               |                        | OR             | +280=               |                        |
|  |  |   |  |                                |                     |                  | L                 | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |
|  | (Column 1) (Column 2) (Column 3)   |   |  |                                |                     |                  |                   |                     |                        | _              |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |                     | =                |                   | X\$ 9=              |                        | OR             | X\$18=              |                        |
|  | Independent  | *   | Minus  | ***                            |                     | <u> </u>         |                   | X42=                |                        | OR             | X84=                |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |                                |                     |                  | <b>」</b>          | +140=               |                        | OR             | +280=               |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number |   |  |                                |                     |                  |                   | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |

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Effective October 1, 2000

Application or Docket Number

09/771526

| CLAIMS AS FILED - PART I<br>(Column 1)  |   |   |         |                               | (Column 2) SMALL ENTITY         |                  |       |                     | OTHER THAN<br>OR SMALL ENTITY |       |                     |                        |
|---|---|---|---------|-------------------------------|---------------------------------|------------------|-------|---------------------|-------------------------------|-------|---------------------|------------------------|
| то  | TAL CLAIMS                              |   | רו      |                               |                                 |                  |       | RATE                | FEE                           |       | RATE                | FEE                    |
| FOR NUMB  |   |   |         | LED                           | NUMB                            | R EXTRA          |       | BASIC FEE           | 355.00                        | OR    | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS 17 minus 20=  |   |   |         |                               | · C                             | )                |       | X\$ 9=              |                               | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS 2 minus 3 =  |   |   |         |                               |                                 |                  |       | X40=                |                               | OR    | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |         |                               |                                 |                  |       | +135=               |                               | OR    | +270=               |                        |
| * If the difference in column 1 is less than zero, enter  |   |   |         |                               |                                 | olumn 2          | L     | TOTAL               |                               | OR    | TOTAL               | 71000                  |
| CLAIMS AS AMENDED - PAR  (Column 1) (Column 1)  |   |   |         |                               |                                 | (Column 3)       |       | SMALL E             | NTITY                         | OR    | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |         | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus   | **                            |                                 | =                |       | X\$ 9=              |                               | OR    | X\$18=              |                        |
| ME  | Independent                             | *   | Minus   | ***                           |                                 | =                |       | X40=                |                               | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |   |         | CLAIM                         |                                 | ) [              | +135= |                     | OR                            | +270= |                     |                        |
|   |   |   |         |                               |                                 |                  | ı     | TOTAL               |                               |       | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |         |                               |                                 |                  |       | ADDIT: FEE          |                               |       | ADDIT. FEE          |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 7       | NUN<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus   | **                            |                                 | =                |       | X\$ 9=              |                               | OR    | X\$18=              |                        |
|   | Independent                             | *   | Minus , | ***                           | T OL AINA                       | =                | ┨╏    | X40=                |                               | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |   |         |                               | I CLAIM                         |                  | ┙┃    | +135=               |                               | OR    | +270=               |                        |
|   |   |   |         |                               |                                 |                  |       | TOTAL<br>ADDIT. FEE |                               | OR    | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |         | (Colu                         | ımn <u>2)</u>                   | (Column 3)       |       | ADDII. 1 EE 1       | <u></u>                       |       | 7.00                |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |         | NUM<br>PREV                   | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE        |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | . 16                                      | Minus   | ** -                          | 20                              | =                |       | X\$ 9=              |                               | OR    | X\$18=              |                        |
| ME  | Independent                             | •   | Minus   | ***                           | 3                               | = ***            | 11    | X40=                |                               | OR    | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDEN |   |         |                               |                                 |                  | ┛╽    | +135=               |                               | 1     | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |   |         |                               |                                 |                  |       |                     | TOTAL                         |       |                     |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |         |                               |                                 |                  |       |                     |                               |       |                     |                        |